



2020 Area Wage Index Update and Strategies

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Wrap up with the Closing Keynote featuring John O'Leary this afternoon, *3:15 p.m. CST*

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Agenda

- General Overview
- FFY 2021 Final Rule Update
- Worksheet S3 Series Highlights
- Occupational Mix Survey Highlights
- Average Hourly Wage Calculation
- Important Dates

Your Presenters



DAVE
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CROWE LLP

Dave is Crowe's national wage index services leader and co-creator of the patented Wage Index Navigator software. Dave is a CHFP and has been with Crowe since 2010. He has provided wage index assessments across the country for over 20 years.



SUZY
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Suzy is a Manager in Crowe's Finance & Reimbursement team. She is a CHFP and has been with Crowe since 2014, and has over 30 years of healthcare experience. She is a leader at providing wage index assessments across the country, working with many hospitals, health systems, and CBSAs.

Polling Question

How confident are you and your hospital in your wage index reporting?

A

+90% - we have it covered

B

65% - need help on the finer details

C

40% - we're getting by

D

< 40% - very little

General Overview

An overview of the basic Area Wage Index terms, definitions, and calculations

Defining Medicare Area Wage Index

- Adjustment factor used in Medicare prospective payment system to account for variable labor costs across the country
 - Average of 1.0000
 - Highest Santa Cruz CA 1.8501 – Lowest, Rural AL, 0.6671
- Factor is based on the average hourly wage (AHW) of **inpatient acute-care** hospitals, and it's composite core-based statistical area (CBSA)
- CMS uses IPPS AWI data to calculate the portion of Medicare payments made to other types of providers:

SNF	HHA	Hospice	IRF
IPF	LTCH	Hospital OPPS	

Defining Medicare Area Wage Index

- Medicare cost report worksheets contain this data
 - S-3 part II, III and IV
 - A Costs
 - A6 reclassifications
 - A81 related organization, home office
 - A82 physicians
- Data is updated each year
- Generally, the higher your hospital's AHW on w/s S3 part II, the higher your AWI factor – but not always....

Defining Medicare Area Wage Index

Hospital's Average Hourly Wage (AHW)

- **Salaries and Paid Hours**
 - Hospital employees
 - Home Office & Related Organizations
 - Physicians
- **Contract Labor**
 - Direct patient care
 - Admin & General, Housekeeping, Dietary
- **Wage Related Costs (Employee Benefits)**
- **Additional CMS Adjustments**
 - Occupational Mix Factor
 - Mid-Point mark up factors
 - Budget neutrality

Defining Medicare Area Wage Index

Average Hourly Wage (AHW)

- Computed on hospital's cost report worksheets S3 part II and III
- Final AHW reported on CMS final rule in annual Federal Register update
 - CMS = Centers for Medicare and Medicaid Services
- Cost report AHW vs. Federal Register AHW rarely agree
 - Due to various post-cost report adjustments

Defining Medicare Area Wage Index

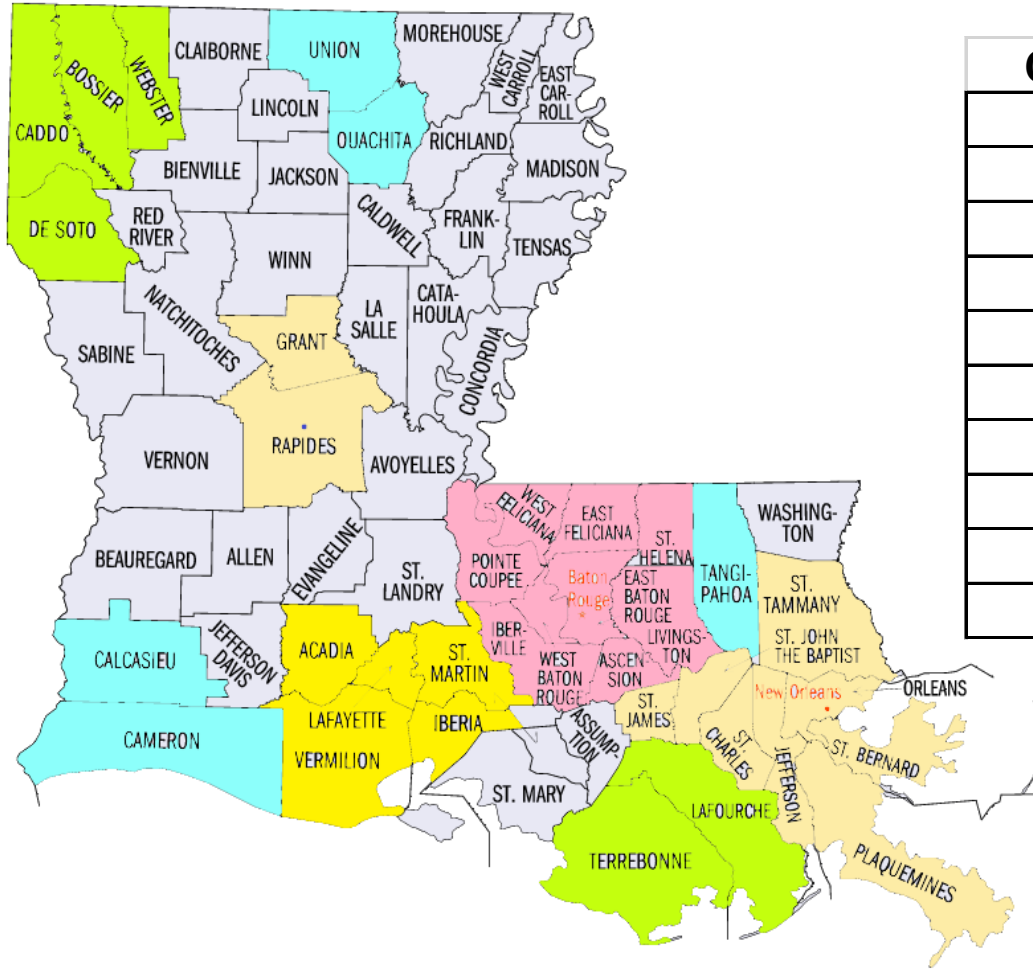
- All hospital's in a Core Based Statistical Area (CBSA) combine their AHW data and in generally share the same AWI factor - Metropolitan and Rural county areas
- Exceptions are made for geographic reclassifications and other statutory exemptions

Defining Medicare Area Wage Index

Core Based Statistical Areas (CBSA)

- Generally the metropolitan areas and rural areas in the country
- Currently 460 unique CBSAs (not including multi-state CBSAs)
- CBSAs are comprised of counties
- Each CBSA has its own AWI factor, based on the composite AHW of its hospitals
- Hospital's within a CBSA should coordinate to optimize its CBSAs AWI

CBSA Concept - Louisiana



CBSA#	CBSA Name	# Hosp
19	Louisiana	26
10780	Alexandria, LA	3
12940	Baton Rouge, LA	8
25220	Hammond, LA	2
26380	Houma-Thibodaux, LA	4
29180	Lafayette, LA	12
29340	Lake Charles, LA	5
33740	Monroe, LA	7
35380	New Orleans-Metairie, LA	20
43340	Shreveport-Bossier City, LA	6

CBSA – Shreveport-Bossier City, LA

43340 - Shreveport-Bossier City, LA

FFY 2021

Provider #	Hospital	Cost %	Salaries	Hours	AHW
190111	Willis-Knighton Medical Center	45.1%	\$283,816,100	7,577,119	\$37.46
190098	Louisiana State University Medical Center	28.7%	\$180,474,176	5,292,691	\$34.10
190041	CHRISTUS Schumpert Saint Mary Place	13.6%	\$85,388,445	2,002,413	\$42.64
190236	Willis-Knighton Bossier Health Center	9.7%	\$60,834,311	1,645,783	\$36.96
190278	Specialists Hospital Shreveport	1.9%	\$11,691,614	380,507	\$30.73
190118	Desoto Regional Health System	1.2%	\$7,597,340	301,417	\$25.21
			\$629,801,987	17,199,930	\$36.62

CBSA AWI Calculation

CBSA Composite AHW	\$ 48.00	1	
National AHW	\$ 45.00	2	
Preliminary CBSA AWI	1.0667	3	line 1 / line 2
Rural Floor BNF	0.993433	4	
Final CBSA Factor	1.0597	5	line 3 x line 5

Summary – Average Hourly Wage (AHW)

- Every hospital calculates their own AHW, compiled on the worksheet S3 series
- Each CBSA calculates its own AHW, based on the hospitals that comprise it
- Hospital salaries and hours are further adjusted by CMS, and final AHW and AWI values are reported in the inpatient PPS final rule (usually published in early August).

Summary – Core Based Statistical Areas (CBSA)

- Metropolitan areas throughout the country
- Each state has a rural area
 - Except for DE, NJ and RI
- Urban CBSAs with a lower AWI than its Rural CBSA will be granted the Rural CBSA AWI value
- Hospitals are encouraged to work together to achieve the most optimal AHW for their CBSA

Summary – Area Wage Index (AWI)

- CBSA AHW divided by the National AHW = CBSA AWI value
- AWIs are determined based on prior year cost report data
 - FFY 2022 AWI values are based on Medicare cost reports with **beginning** dates of 10/1/2017 through 9/30/2018
- AWI values are applied only to the labor portion of the Medicare standardized payment
 - If hospital's AWI value > 1.0000, labor % is 68%
 - If hospital's AWI < 1.0000, labor % is 62%

Polling Question #2

Which one of these statements is NOT TRUE:

1. CBSAs are comprised of counties
2. Hospitals are within the CBSAs
3. Every hospital computes their own AHW
4. CBSA wage index factor = CBSA AHW divided by Total Hospital Costs

FFY 2021 Final Rule Update

**Updates to calculations of the
CBSA values across the country**



FFY 2021 IPPS Final Rule Update

CBSA changes via September 14, 2018 OMB Bulletin 18-04

- 34 urban counties becoming rural – affecting 10 hospital's classifications
- 47 rural counties becoming urban – affecting 17 hospital's classifications
- Impacts are felt with hospitals with:
 - Out-migration adjustments
 - Geographic reclassifications
 - Lugar hospitals
- Transition period for all hospitals adversely affected

FFY 2021 IPPS Final Rule Update

Transition Period Protection

- A 5% cap continues to be in effect for hospitals experiencing a significant reduction to its FFY 2020 final AWI value.
- No hospital's FFY 2021 AWI value will be less than 95% of its final FFY 2020 AWI value
- This is the 2nd year of this type of protection. Unsure if it will be offered going forward.

FFY 2021 IPPS Final Rule Update

25th Percentile Calculation continues for the 2nd year

- Hospitals with a wage index value below the 25th percentile wage index value (0.8465) will receive relief
- Half the difference between the CBSA AWI value and 0.8465 is added to the CBSA AWI value.
- This policy should be in effect for at least 4 total year years – from FFY 2020 through FFY 2023.

FFY 2021 IPPS Final Rule Update

25th Percentile Calculation continues for the 2nd year

¹ CCN	Geographic CBSA	FY 2020 Wage Index	⁶ FY 2021 Wage Index Prior to Quartile and Transition	⁶ FY 2021 Wage Index With Quartile	^{3,6} FY 2021 Wage Index With Quartile and Cap
010007	1	0.7543	0.6671	0.7568	0.7568



- Final computed hospital AWI value is used to determine potential increase

FFY 2021 IPPS Final Rule Update

FFY 2020 changes that remain:

1. Budget Neutrality factor to the national standardized amount for transition protection (0.998580).
2. RRC reclassifications do NOT increase the state rural floor. Two separate AWI factors will exist:
 - a) State Rural Floor – no including the RRC reclassified hospitals
 - b) Reclassified State Rural Floor – including the RRC reclassified hospitals

Worksheet S3 Series Highlights

**Maintaining accuracy and compliance
while optimizing your annual Average
Hourly Wage**

Hospital's Annual Responsibilities for Wage Index

- Medicare cost reports are due each year, 5 months after their FYE
- Wage Index data is reported on the worksheet S3 series
- Every year, CMS allow hospitals to “update” their annual wage data
 - Previous cost report data is used for upcoming FFY AWI calculations
 - Annual deadline around September 1 to submit proposed adjustments
 - CMS audit is completed in November
 - Updated wage data is published, and subject to additional adjustments
- Every three years, hospitals must submit an updated Occupational Mix Survey

Hospital's Annual Responsibilities - Guidance

- CMS Provider Reimbursement Manual (PRM) contains instructions for completing Medicare worksheets
- Periodic updates to instructions
- Appeal court cases

Worksheet S3 part II, III, IV – S3 Part II Detail

While all data is required to be accurately reported, we recommend extra focus on these specific areas:

- Paid Hours
- Wage Related Costs
- Contract Labor
- Physician Compensation
- Home Office

S3 Part II Detail – Paid Hours

- Reported in Column 5 of S3 part II
- Cost report instructions are not extensive, leading to confusion
 - **“Enter on each line the number of paid hours corresponding to the amounts in column 4”**
- Many sources to provide hours:
 - General ledger
 - Labor Distribution Report
 - FTE report
 - **Payroll Register** – desired type of report to use

S3 Part II Detail – Paid Hours

For Wage Index reporting, three big things to remember:

1. Salary is reported as expensed, but Hours are reported as **Paid**
2. Understand all your hospital's payroll department **Pay Codes**
3. When comparing your payroll report to GL salaries, it is critical to obtain reconciliation of costs to ensure accurate hours are used

S3 Part II Detail – Paid Hours

Common adjustments to paid hours:

- Accrued hours
 - Payroll report with **paid** hours recommended
- PTO paid at termination, or sold back for cash
 - Set up separate pay codes for these occurrences
- On Call Pay – call back minimum
- Payroll report contains non-hospital employees
- Hours corresponding to salaries offset by revenue on w/s A

S3 Part II Detail – Paid Hours

Common adjustments to paid hours:

- Baylor Plan
 - Pharmacists, surgery personnel, technicians
- Low Census and FMLA
- Hours double counted
- Hours related to capitalized salary

S3 Part II Detail – Wage Related Costs (WRC)

- Total wage related costs reported on lines 17 through 25 on worksheet S3 part II
- All items in this section are to be input.
- **Only data reported in lines 17 and 22 are included in the AHW and AWI calculations.** (line 18 recently removed)
- First identify total costs, then allocate to the appropriate employee categories, represented on lines 17 through 25.

S3 Part II Detail – WRC, S3 part IV

Retirement Costs

- 1 401K Employer Contributions
- 2 Tax Sheltered Annuity (TSA) Employer Contribution
- 3 Non Qualified Defined Benefit Plan Costs
- 4 Qualified Defined Benefit Plan Costs

Plan Administrative Costs

- 5 401K/TSA Plan Administration fees
- 6 Legal/Accounting/Management Fees-Pension Plan
- 7 Employee Managed Care Program Admin Fees

Health and Insurance Costs

- 8 Health Insurance (Purchased or Self Funded)
- 9 Prescription Drug Plan
- 10 Dental, Hearing, and Vision Plan
- 11 Life Insurance
- 12 Accident Insurance
- 13 Disability Insurance
- 14 Long-Term Care Insurance
- 15 Workers Compensation Insurance
- 16 Retirement Health Care Cost

Taxes

- 17 FICA-Employers Portion Only
- 18 Medicare Taxes - Employers Portion Only
- 19 Unemployment Insurance
- 20 State or Federal Unemployment Taxes

Other

- 21 Executive Deferred Compensation
- 22 Day Care Cost and Allowances
- 23 Tuition Reimbursement

Report ALL wage related costs on S3 part IV, not just line 17 “core” amounts

S3 Part II Detail – WRC – Consulting Costs

Consulting Fees for benefits provide unique reporting for hospitals

- Typically incurred for pension and health insurance plans
- Consulting costs can be included within the appropriate benefit category on worksheet S3 part IV
- Invoices with description of services are best support for MAC audit
- Hospital benefits by being able to claim the labor costs of the service only – hours do not need to be reported.

S3 Part II Detail – WRC – Pension

Defined Contribution Plans

- Costs associated with defined contribution plans (i.e. 401k) are recorded in year expensed
- Defined contribution amounts reported on lines 1 and 2 of S3 part IV

S3 Part II Detail – WRC – Pension

Defined Benefit Plans

- Reporting method adjusted in FFY 2013 wage index calculation
- Contributions for 3-year period must be determined. Average amount to be reported.
- 3-year period is current year, and previous 2 years
- Prefunding Installment – FFY 2022 is the last year

- Defined Benefit amounts are to be reported on lines 3 (non-qualified) and 4 (qualified) of S3 part IV

S3 Part II Detail – WRC – Allocation of Costs

- Most accurate method is to directly allocate costs.....if reported in GL as such
- Most hospitals will have the majority of the fringe benefit expenses in the Employee Benefits cost center
- Hospitals not limited to only salary allocation
- FTE allocation can be considered (i.e. Tuition, Health Insurance, Day Care, other insurance if applicable)
- Mixed basis is usually preferred as next best option after direct allocation

S3 Part II Detail – WRC – General Guidance

- Understand the reporting of all fringe benefits in GL.
- On an annual basis, discuss with your HR manager any changes in policies or new benefits offered to hospital employees
- Validate all employees are eligible for all benefits.
- Utilization of the mixed allocation method can bring significant impact to the AHW for some hospitals
- Total wage related costs typically range between 20-30% of total salary

S3 Part II Detail – Contract Labor

- Line 11 of worksheet S3 part II– Direct patient care
 - Nursing, Therapists, etc.
- Line 12 – Contract Management
 - Management positions in non-general services areas
- Line 28 – Administrative & General
 - Legal, consulting, administration most critical
 - Home office and related organization
- Line 33, 35 – Housekeeping and Dietary

S3 Part II Detail – Contract Labor

General Guidance for reporting Contract Labor

- Invoice support is critical for contract labor
- Contact your vendors for labor portion and paid hours
 - Require contracts to include labor rates
 - Hours worked required before payment
- Do not include excluded area cost center data (i.e. physician costs in NRCC)
- While I&R and physician teaching time is to be reported, teaching services ultimately are not included in the final calculation of a hospital's AHW for wage index

S3 Part II Detail – Contract Labor

General Guidance for reporting Contract Labor

- On Call Services – including Physicians
 - Transmittal 6 confirmed specific guidance on this provision
 - Must be either providing patient care, or completing the on-call time on hospital site
- Transmittal 10 (Nov. 2016) provided further guidance
 - Labor needs to be reported in proper cost center (A&G, Housekeeping, Dietary)
 - Vendor attestations, declarations, emails not acceptable for supporting documentation.

S3 Part II Detail – Physician Reporting

For Worksheet A82 reporting, the following is required:

Salary	Contract
Part A (admin, teaching)	Part A (administrative)
Part B (professional)	Part B (professional)

For wage index reporting, S3 part II **only** requires the following:

Salary	Contract
Part A (admin, teaching)	Part A (administrative)
Part B (professional)	

Accurate time study documentation is required to support the reported Part A time.

S3 Part II Detail – Physician Reporting

- We have seen recent MAC audit adjustments in this area
- Time studies need to be completed each year in accordance with the regulations
 - Talk with your MAC representative to understand their policy
- Physician contracts can be accepted provided Part A and B terms are referenced

S3 Part II Detail – Physician Reporting – Stand By Costs

- 42 CFR 415.55 provides direction for “reasonable availability services”
- Some physicians providing on-call/stand by services can be included as Part A for wage index provided:
 1. Services are provided in the Emergency Room, or for Surgical services
 2. Services are provided on the premises of the hospitals

S3 Part II Detail – Home Office

Beginning in FFY 2020 home office reporting for wage index is different.

- Only salary expenses are reported in the line 14 series:
 - Line 14.01 will report home office salary amounts
 - Line 14.02 will report related organization salary amounts
 - Line 14 is no longer used
- Wage Related Costs are now reported solely on the line 25 series:
 - Line 25.50 – WRC for home office personnel
 - Line 25.51 – WRC for related organization personnel
 - Line 25.52 – WRC for HO Part A Physicians
 - Line 25.53 – WRC for HO and Contract part A teaching physicians

S3 Part II Detail – Home Office

- Contract Labor for both Home Office and Related Organization
 - Usually all administrative in nature, and should be reported on line 28 of worksheet S3 part II
 - If direct patient care, report on line 11
 - If Physician Part A, report on line 13

S3 Part II Detail – Home Office

General Guidelines

- Ensure all core wage related costs are captured
 - Follow same guidelines for worksheet S3 part IV reporting
- Home office opportunities likely exist with contract labor, fringe benefits and paid hours
- Allocation of total costs and hours should include all healthcare and non-healthcare components

Polling Question #3

The following are included in the hospital's AHW calculation for their AWI factor EXCEPT:

1. Wage Related Costs
2. Contract Labor
3. Supply Costs
4. Hospital Salaries and corresponding hours

Occupational Mix Survey Highlights

Finalizing CY 19 Data



Calendar Year 2019 Occupational Mix Survey

- Most recent survey filed by IPPS hospitals due on July 3, 2020
 - No wait – August 3, 2020.....
 - No wait!! – September 3, 2020
- September 8th – CMS publishes OcMix PUF
- September 10th – deadline for hospital to notify MAC of correction
- November 16th – deadline for MAC to provide audited S3 and OcMix data
- **Work with your MAC to finalize your OcMix data at a reasonable rate**

Calendar Year 2019 Occupational Mix Survey

- **Calendar year data is used – not fiscal year**
- Each hospital computes their own individual OcMix factor
- Final OcMix ratio is utilized in the hospital's AHW calculation for FFY 2022, 2023 and 2024
- Applied to only the nursing portion of total salaries
- **Hospitals always have the opportunity to change their raw OcMix data every year**





Occupational Mix Survey - Calculation

Provider Occ Mix Categories	Adjusted Wages	Adjusted Hours	Provider % by Subcategory	National AHWs by Subcategory	Provider Adjusted AHW	Nurse Occ Mix Adjustment Factor
RN	\$21,975,941	807,500	67.47%	\$41.63	\$28.09	
LPNs and Surgical Technologists	\$2,298,553	170,119	14.21%	\$24.66	\$3.51	
Nursing Aides, Orderlies, & Attendants	\$2,183,087	219,143	18.31%	\$16.96	\$3.11	
Medical Assistants	\$0	-	0.00%	\$18.21	\$0.00	
Total Nurse Salaries and Hours	\$26,457,581	1,196,762	100.00%		\$34.70	1.0078
				Natl Rate -->	\$34.97	
All Other Salaries and Hours	\$37,445,371	1,935,510				
Total	\$63,902,952	3,132,272				

- Hospital determines costs and hours per job categories – RN, LPN, Aides, Assistants and All Other
- Hospital adjusted AHW is calculated. National rates calculated using all hospital's OcMix data
- OcMix factor = National AHW / Hospital AHW

Occupational Mix Survey – AHW Impact

Nurse Salaries as a % of Total	41.40%
All Other Salaries as a % of Total	58.60%
Wages (Updated by MidPoint Markup)	\$64,346,688
Hours	2,177,845
Unadjusted AHW	\$29.55
Nurse Occ Mix Wages	\$26,847,882
All Other unadjusted Occ Mix Wages	\$37,705,388
Salaries Adjusted for Occ Mix	\$64,553,270
Hours	\$2,177,845
Occ Mix Adjusted AHW	\$29.64

 Determined by OcMix Data
 Hospital wage index PUF data
 Nurse OcMix Wages =
 $\$64,346,688 \times 41.40\% \times 1.0078$
 All Other Wages =
 $\$64,346,688 \times 58.60\%$
 OcMix value over 1 has **increased this hospital's AHW by \$0.09**

OcMix Survey – General Recommendations

- Hospitals should strive to have an OcMix value over 1.0000, as this will increase salary expense for the overall AHW.
- Generally the less RN percentage to total the better the OcMix ratio.
- Understand any historical A6 reclassifications made in hospital cost reports and apply these to the payroll data, as necessary. Especially as these reclassifications involve Excluded Area cost centers
- Work diligently with Human Resources and understanding the hospital job code descriptions to determine accurate job code assignment.
- Splitting job codes between All Other and Nursing care categories may be necessary.

Average Hourly Wage Calculation

How your AHW is calculated from your S3 to the Federal Register

Hospital Average Hourly Wage Calculation

100168 - Boca Raton Regional Hospital
Hospital Fiscal Year End

Federal Fiscal Year 2020

Part III - Hospital Wage Index Summary		Costs	Hours	AHW
1	Net Salaries	\$150,565,302	4,628,872	32.53
2	Excluded Area Salaries	\$3,505,788	108,060	32.44
3	Subtotal Salaries	\$147,059,514	4,520,812	32.53
4	Subtotal Other Wages & Related Costs	\$7,885,099	170,499	46.25
5	Subtotal wage-Related Costs	\$33,788,921	0	0.23
6	Total	\$188,733,534	4,691,311	40.23
7	Total Overhead Costs	\$51,351,818	1,555,985	33.00

- S3 part III Line 6 AHW of this hospital is \$40.23
- CMS Final rule has 100168's final AHW at \$39.91
- What happened?

Hospital Average Hourly Wage Calculation

Standard Adjustments to AHW (all hospitals)

- Overhead Cost Center allocation to Excluded Area
- Annualization of data (if necessary)
- Mid-point Mark Up factor
- Occupational Mix Adjustment

Other Adjustments to Wage Index Values

- Lugar county
- Out migration adjustment
- Geographic reclassifications

Calculation - Overhead Allocation to Excluded Area

AHW Calculation	Cost	Hours	
Subtotal A	8,734,839	241,514	36.17
Subtotal B	41,674,020	170,499	244.42
Adjusted Salaries	188,733,534	4,691,311	40.23
Subtotal C (Overhead)	51,351,818	1,555,985	33.00
OH Contract Labor	5,659,119	94,952	59.60
Revised Hours			3,072,887
Excluded Ratio			3.52%
Excluded Salary			1,807,584
Excluded Hours			54,771
Overhead Ratio			33.74%
Overhead Salaries, Wage Related Costs			11,400,382
Excluded Overhead Wage Related Costs			401,293.44
Revised Wages			186,524,657
Revised Hours			4,636,540
AHW Before Additional Updates			40.23

- General Service cost centers also serve Excluded Area cost centers
- EA cost centers are not IPPS reimbursed
- A portion of the GS cost center data is allocated to EA, removing the data from the AHW calculation

Calculation – Annualization of Costs/Hours

Annualization of Revised Wages, Hours	
Revised Wages	\$ 186,524,657
Revised Hours	4,636,540
AHW	\$ 40.23
Days in CR Period	365
Annualized Wages	\$ 186,524,657
Annualized Hours	4,636,540

- Costs and hours are adjusted based on the number of days in the fiscal period applicable to the FFY.
- Hospital is weighted accordingly in final CBSA AHW calculation

Calculation – Midpoint Mark Up Factor

MidPoint Mark Up Adjustment		
Annualized Wages	\$	186,524,657
Annualized Hours		4,636,540
AHW	\$	40.23
MidPoint Mark Up factor		1.00374
Updated Wages	\$	187,222,259
Updated Hours		4,636,540
AHW	\$	40.38

- MidPoint Mark Up Factor published in proposed and final rules
- Applied to all hospitals to achieve all costs on a “common period”
- Applied to wages only

Calculation – Occupational Mix Ratio, Final AHW

Occupational Mix Adjusted Wage Data		
Updated Wages	\$ 187,222,259	
OcMix Nursing %	37.45%	
OcMix Ratio	0.9690	
Nursing Wages		\$ 67,944,023
OcMix NonNurse %	62.55%	
NonNurse Wages		\$ 117,103,786
Total OcMix Adjusted Wages		\$ 185,047,810
Updated Hours		4,636,540
Final AHW		\$ 39.91

- Nursing wages are determined by applying nursing % and OcMix ratio from OcMix data
- NonNurse % is not impacted
- Hours are not adjusted by the OcMix

Polling Question #4

Which statement is NOT TRUE:

1. The Occupational Mix Survey factor is applied to all wages
2. All hospitals use calendar year data for OcMix
3. New OcMix data is submitted every 3 years
4. OcMix data can be adjusted/revised each year

Important Dates

**Future deadlines and
looking ahead to FFY 2023**



FFY 2021/2022/2023 Timetable – Upcoming Important Dates

- October 1, 2020 – Effective date of FFY **2021 AWI values**
- **November 16, 2020** – Deadline for MACs to complete audit of FFY 2022 hospital wage data and occupational mix, including review of proposed adjustments
- January 29, 2021 – Scheduled release date of audited FFY 2022 PUF
- February 16, 2021 – Deadline for hospitals to submit requests for corrections to be made to FFY 2022 audited PUF, scheduled to be released on January 29, 2021.
- March 17, 2021 – projected appeal deadline of **FFY 2021 final rule**
- March 19, 2021 – Deadline for MAC secondary review of requested corrections

FFY 2021/2022/2023 Timetable – Upcoming Important Dates

- April 2, 2021 – Deadline for hospitals to submit appeal request
- April/May 2021 – Proposed rule to be published
- April 30, 2021 – publication of updated FFY 2022 Public Use File (PUF)
- May 28, 2021 – Deadline for hospitals to submit correction request for data posted in the updated audited PUF and Proposed Rule
- Mid-May, 2021 publication of initial PUF for FFY 2023 wage index
- August 1, 2021 – approximate date for FFY 2022 publication, with final rule

QUESTIONS??



Thank You

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